

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 12 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	(s) <u>Heather Carroll</u>					
II. Name of lobbyist's partnership, firm or corporation, if any:						
Alzheimer's A	ssociation					
(Na	me of partnership, firm or cor	poration)				
166 South	River Road, Suite 210	Bedford	NH	03110		
Business Address: (S	treet)	(Town/City)	(State)	(Zip Code)		
(603) <u>606.6590</u> (Telephone)	(603)	606.6803 (Fax)	e-mail <u>hcar</u>	roll@alz.org		
III. This statement or reportable expense t	overs: (Choose one – file ransactions which are no	separate repor t attributable t	ts for each client, OR yo o any one client).	u may file a separate report for		
X All reportable tran	nsactions occurring in the r	nonths prior to t	he reporting date relative	to the following client:		
Alzheimer's Ass			l i B			
OR	(Full Name of Client as it a	appears on the Lot	byst Registration Form)			
	sactions by the lobbyist (incular client.	cluding the lobb	oyist's family), or the lobb	oying firm listed below which are		
IV. Date of Report Reports cover: activ	April 25, 2018 X	to 3/3]/18	July 25, 2018 activity from 4/1/18 to 6/3			
	October 31, 2018 activity from 7/1/18 to 9/30/	18	January 30, 2019 activity from 10/1/18 to 1			
V. There have been If this box is checked, Concord, NH 03301.	n no fees received and i complete just this form an	no reportable d submit it to the	transactions made sin Secretary of State's Office	ce the last report. [] ce, State House, Room 204,		
VI. Check if addition	nal reports are attached:					
	ed fees or made expenditu	res, you must fi	e Addendum A – Fees ar	nd Expenses		
	n honorarium or reimburs			- Report of Honorariums or		
☐ If you, your firm,	or your family has made p	olitical contribu	tions, you must file Adde	endum C- Political Contributions		
I have read RSA 15, F	est of my knowledge and b M - Cawl		reby swear or affirm that $ - \frac{\mathcal{H} \cdot 11 \cdot 18}{4 \cdot 11 \cdot 18} $	the foregoing information is true () (Date)		
Heather Carroll						

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

APR 12 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Alzheimer's Association	
(Name of partnership, firm or corporation)	
III. Name of Client Alzheimer's Association	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ _0.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>0.00</u>
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) S
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of a treatment of the person of the period of greater than \$25, purchase of a greater than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _16,500
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 16, 500
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ _16, 500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$_0.00
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Hathem Carolf	4.11.18
(Signature of lobbyist)	(Date)
Heather Carroll	
(Print Name of lobbyist)	